PSA WEST Travel Direct Deposit Form

I authorize my travel payments to be directly deposited into the financial account shown below. I further understand that I must notify PSA WEST CENTRAL PROCESSING SITE OR MY SERVICING PSD of any banking changes that I make to this direct deposit account.

Name:	 First		 Middle I nitial
Social Security Number			
Address:			
City:	State:	_ Zip Code: _	
Work Phone:	Home	Phone:	
	Financial I	nformation	
Bank Routing Number:		(9 digit	s)
Account Number:			
Type of Account: Check	ing or Savings		
Financial Institution Name:			
Attache	d this form to the	front of you	ur DD1351-2
Signature			 Date

PRIVACT ACT STATEMENT

AUTHORITY: 31 C.F.R. Part 209, Department of the Treasury Financial Manual, Bulleting No. 95-07, E.O. 9397, DOD Financial Management Regulation, Volume 5. **PRINCIPAL PURPOSES**: This form authorizes direct deposit of travel payments to financial institutions to which payment is to be directed.